AMENDMENT TRANSMITTAL LETTER					Docket No. 320529527US	
Application No.		Filing Date		Examiner	Art Unit	
09/975,831-Cd	onf. #3000	October 1	1, 2001	J. B. Dunhan	3625	
plicant(s):						
	OD AND SYTE DER SHOPPIN		RATED ONL	INE AND BRICK AN	ID MORTAR	
Marie Value	тс	THE COMMI	SSIONER FO	OR PATENTS		
ransmitted here	with is an ame	ndment in the	above-identifi	ied application.		
he fee has beer	n calculated an	d is transmitted	d as shown b	elow.		
		CLAIM	S AS AMENI	DED		
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		
Total Claims	16	- 25 =	0	x 52.00	0	
Independent Claims	3	- 3 =	0	x 220.00	0	
Multiple Depend	dent Claims (ch	eck if applicabl	e)			
Extension for response within third month					1,110.00 810.00	
Other fee (please specify): Request for Extension of Time Petition Fee					200.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					2,120.00	
				Small Entity		
x Large Entity	'					
۲ .	al fee is require	d for this amer	ndment.			
No additiona	al fee is require				2,120.00 .	
No additiona	al fee is require ge EFT Accour	nt No. SE	EA1PIRM in	n the amount of \$		
No additiona  x Please char	al fee is require ge EFT Accour he amount of \$	nt No. SE	EA1PIRM in to cover			
No additiona  X Please charge A check in the payment by	al fee is require ge EFT Accour he amount of \$ credit card. Fo	nt No. SE	EA1PIRM in to cover is attached.	n the amount of \$ _ the filing fee is enclo	osed.	
No additiona  X Please charge A check in the payment by  X The Director	al fee is require ge EFT Accour he amount of \$ credit card. For	nt No. SE	EA1PIRM in to cover is attached.	n the amount of \$	osed.	
No additiona  X Please chare A check in the Payment by  X The Director as described	al fee is require ge EFT Accour he amount of \$ credit card. For r is hereby auth d below.	orm PTO-2038	EA1PIRM in to cover is attached.	n the amount of \$ _ the filing fee is enclo	osed.	
No additiona  x Please charge A check in the Payment by  x The Director as described x Credit al	al fee is require ge EFT Accour he amount of \$ credit card. For r is hereby auth d below. ny overpaymen	orm PTO-2038	EA1PIRM in to cover is attached.	n the amount of \$ the filing fee is enck Deposit Account No	osed. o50-0665	
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No additions  Please char A check in th Payment by The Director as describer X Credit a X Charge:	al fee is require ge EFT Accour he amount of \$ credit card. For r is hereby auth d below. ny overpaymer and additional fil renz Reg. Nb.: 37,	nt No. SE	EA1PIRM in to cover is attached.	the filing fee is enclored the filing fee is enclored the filing fee is enclored the fees required under 3	osed.  50-0665  7 CFR 1.16 and 1.17.	